

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-008211

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

62

FILED FEB 19 1963

## 1. PLACE OF DEATH

a. COUNTY *St. Francois*

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *Bonne Terre*

Length of stay in 1b  
*15 min.*

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *B.T. Hospital*

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *Mo.* b. COUNTY *St. Francois*

c. CITY OR TOWN *Flat River* Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
*506 W. Main* Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
*Benjamin E. Mintner*

4. DATE OF DEATH  
Month Day Year  
*Feb. 11, 1963*

5. SEX  
*MALE*

6. COLOR OR RACE  
*WHITE*

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
*4-3-1877*

9. AGE (last birthday)  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
*85*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Carpenter*

10b. KIND OF BUSINESS OR INDUSTRY  
*St. Joseph Lead Co.*

11. BIRTHPLACE (City and state or country)  
*Rolla, Mo.*

12. CITIZEN OF WHAT COUNTRY  
*U.S.A.*

13a. FATHER'S NAME

*Unknown*

13b. MOTHER'S MAIDEN NAME

*Unknown*

14. NAME OF HUSBAND OR WIFE

*Nora Mintner*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
*Yes Spanish American*

16. SOCIAL SECURITY NO.  
*None*

17. INFORMANT  
Address  
*Nora Mintner, Flat River, Mo.*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Myocardial Infarction*

INTERVAL BETWEEN ONSET AND DEATH  
*30 MIN.*

DUE TO (b)

*Coronary Thrombosis*

*30 min.*

DUE TO (c)

*Arteriosclerotic Heart Disease*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour s.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *OCT. 15, 1960* to *FEB. 11, 1963* and last saw him alive on *FEB. 11, 1963*  
Death occurred at *255 P.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*W. Paul Shinn M.D.*

22b. ADDRESS

*Flat River, Mo.*

22c. DATE/SIGNED

*2-14-63*

23a. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

23b. DATE

*1963 2-14-63*

23c. NAME OF CEMETERY OR CREMATORY

*Leadwood Cemetery*

23d. LOCATION (City, town, or county)

*Leadwood, Mo.*

(State)

24. FUNERAL DIRECTOR

ADDRESS

*Bert L. Boyer, Leadwood, Mo.*

25. DATE RECD. BY LOCAL REG.

*Feb. 14, 1963*

26. REGISTRAR'S SIGNATURE

*Esther Rudloff*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0941

2 0942

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 1-0

13 1-0

MAR 1 1963  
FEB 21 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Burt L. Bayne*

Licensed Embalmer No.

*3448*

P. O. Address

*Leadwood MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.